

FROM :

FAX NO. :

Apr. 09 2003 05:57PM P1

**RECEIVED
CENTRAL FAX CENTER**

MAY 30 2006

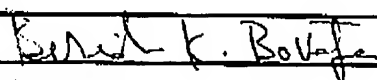
PTO/SB/21 (09-04)

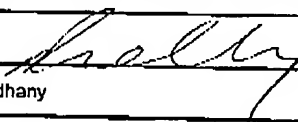
Approved for use through 07/31/2008, OMB 0661-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	10/700,040
		Filing Date	11/02/2003
		First Named Inventor	Birinder R. Boveja
		Art Unit	3766
		Examiner Name	Yun Haeng Nmn Lee
		Attorney Docket Number	
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	10		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Election Requirement.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
Signature			
Printed name	Birinder R. Boveja		
Date	5/26/2006 5/30/2006	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Angela Wldhany	Date	5/26/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

MAY 30 2006

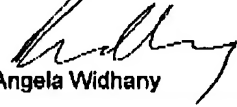
Application No. 10/700,040
Confirmation No. 3426

Applicants: Boveja et al.
Filing date: 11-02-2003
TC/AR: 3766

Examiner: Yun Haeng Nmn Lee

Title: Method and apparatus for
electrical stimulation therapy for at
least one of atrial fibrillation,
congestive heart failure, inappropriate
sinus tachycardia, and refractory
hypertension.

I hereby certify that this
correspondence is being is being
Facsimile transmitted to fax no.
571-273-2847 addressed to the
Mail Stop Amendment,
Commissioner for Patents, P. O.
Box 1450 Alexandria, VA. 22313-
1450 on 05/30/2006.


Angela Widhany

Mail Stop: Amendments
Commissioner for Patents
P O Box 1450
Alexandria, VA 22313-1450

Amendment A

Dear Patent Examiner:

This amendment or reply responds to the Office communication mailed on
05/03/2006 for the subject application. Please amend the above identified
application as indicated below:

Amendments to the Claims are reflected in the listing of Claims which begins
on page 2 of this response, and remarks/Arguments begin on page 7 of this
response.

Application No. 10/700,040
Amendment date: 05/30/2006
Reply to Office communication dated: 05/03/06